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	5280	A. BUILDING: _____ B. WING _____	R-C 11/09/2022

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{A 000}	Initial Comments The following deficiencies were cited during an offsite Revisit/Follow-up survey completed on 11/09/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults.	{A 000}		
{A 020}	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the	{A 020}		

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{A 020}	Continued From page 1 resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency;	{A 020}		

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{A 020}	Continued From page 2 (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:	{A 020}		

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{A 020}	Continued From page 3 (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]	{A 020}		

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{A 020}	Continued From page 4 This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/14/22. 7.8.2.20 A (5) Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge	{A 020}		

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{A 020}	Continued From page 5 the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose Admission/Discharge Agreements were reviewed for compliance included the Refund Upon Death policy that was in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20. This deficient practice could likely result in the resident's estate/legal representatives being at risk of suffering financial hardship by not receiving monies owed upon the resident's death or incurring unknown charges for storage of their belongings. The findings are: A. Record review for R #1's (Admitted on [redacted]18) Admission/Discharge Agreement revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335-2013 and 7 NMAC 8.2.20. B. Record review of R #2's (Admitted on	{A 020}	① Facility will Add/change Admission & Discharge Policies to incorporate SB 0335-2013 and have all current Residents or their POAs sign updated Admission & Discharge Policies. ② Facility will ensure that all New Residents sign updated Admission & Discharge Policies upon admission, which include SB 0335-2013. ③ Facility will have updated Admission & Discharge Policy signed by all current and New residents by 12/31/2022 ④ This process will be directed, approved and	

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{A 020}	Continued From page 6 [redacted]22) Admission/Discharge Agreement revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335-2013 and 7 NMAC 8.2.20. C. Record review of R #3's (Admitted on [redacted]22) Admission/Discharge Agreement revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335-2013 and 7 NMAC 8.2.20. D. On 11/09/22 at 9:00 am, during an exit conference with the Administrator, he confirmed that the Admission/Discharge Agreements for R #s 1-3 did not include the Refund Upon Death policy in compliance with SB 0335 -2013 and 7 NMAC 8.2.20.	{A 020}	(4) Continued oversight provided by the Administrator for current residents on a ongoing basis Regularly and as needed on all new admissions.	
{A 025}	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living;	{A 025}		

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{A 025}	Continued From page 7 (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	{A 025}		

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{A 025}	Continued From page 8 This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/14/22. 7.8.2.25 A B Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose evaluations were reviewed for compliance that their evaluations were completed within 15 days prior to admission and updated at a minimum of every 6 months. This deficient practice is likely to result in residents not receiving appropriate care/services upon admission if the Direct Care Staff (DCS) are not aware of what the resident's needs are. The findings are: A. Record review of R #1's resident file revealed that there was no documentation that an evaluation was completed within 15 days prior to admission on [redacted]18 or had been updated at a minimum of every 6 months. B. Record review of R #2's resident file revealed that there was no documentation that an evaluation was completed within 15 days prior to admission on [redacted]22. C. Record review of R #3's resident file revealed that there was no documentation that an evaluation was completed within 15 days prior to admission on [redacted]22. D. On 11/09/22 at 9:00 am, during an exit	{A 025}	① Facility will ensure that Resident evaluations will be completed within 15 day prior to Admission or in a shorter time frame as the situation allows as to not delay the potential admission need to accomodate the potential resident. Resident evaluations will be completed every six (6) months and/or if there is a significant change in the resident's status. ② Facility Administrator will Review all Residents evaluations upon new admission and every six(6) months and/or if there is a significant change in Resident's status.	

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{A 025}	Continued From page 9 conference with the Administrator, he confirmed: 1. R #1's evaluation was not completed within 15 days prior to admission or had been updated every 6 months. 2. R #s 2 & 3 evaluations were not completed within 15 days prior to admission.	{A 025} Cont.	(3) Facility had all current Residents Evaluations and Individual Service Plans updated and current on 11/20/2022.	
{A 035}	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (1) Physician or physician extender ' s orders for	{A 035}	(4) This process now and ongoing will be directed, approved and oversight provided by Administrator for current and on a regular basis and as needed.	

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{A 035}	Continued From page 10 PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication;	{A 035}		

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{A 035}	Continued From page 11 (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable,	{A 035}		

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{A 035}	Continued From page 12 emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated 04/14/22. 7.8.2.35 G (2-5) (12) Based on record review and interview the facility failed to ensure for 3 (R #s 1-3) of 3 (R #'s 1-3)	{A 035}		

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CASA DEL VALLE I	2111 RAVEN LANE SW ALBUQUERQUE, NM 87105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 035}	Continued From page 13 residents whose Medication Administration Records (MARs) were reviewed for compliance that all medications on the MAR included: 1. Name of the resident's Primary Care Physician (PCP). 2. Diagnosis or reason for the medication. 3. Both brand/generic names. 4. Initial date the medication was started. This deficient practice could likely result in the residents being at risk of harm if Direct Care Staff (DCS) do not: 1. Know who the resident's PCP is. 2. The reason for the medication. 3. Recognize the name of the medication. 4. Know the date the medication was started. which may result in medication errors occurring due to vital information missing on the MAR. The findings are: A. Record review of R #1's MAR from 11/01/22 through 11/07/22, revealed that it did not include all of the following vital information: 1. Name of the residents Primary Care Physician (PCP) 2. Diagnosis or reason for the medication B. Record review of R #2's MAR from 11/01/22 through 11/07/22, revealed that it did not include all of the following vital information: 1. Name of the residents Primary Care Physician (PCP). 2. Diagnosis or reason for the medication. 3. Initial date the medication was started. C. Record review of R #3's MAR from 11/01/22 through 11/07/22, revealed that all of the medications on the MAR did not include: 1. Name of the residents Primary Care Physician (PCP). 2. Diagnosis or reason for the medication	{A 035}	① Facility will ensure that all Residents MARS contain all the required information. This process of updating Current Residents MARS is currently being done by the Administrator and will be done each month as needed. The monthly MARS are provided by the outside provider who may or maynot provide all the required information on the MARS themselves. Upon Receipt of MARS they will be reviewed for Correctness and for the need of the required information and will be updated by the Administrator or designee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5280	A. BUILDING: _____ B. WING _____	R-C 11/09/2022

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CASA DEL VALLE I	2111 RAVEN LANE SW ALBUQUERQUE, NM 87105

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{A 035}	Continued From page 14 2. Both brand/generic names 3. Initial date the medication was started D. On 11/09/22 at 9:00 am, during an exit conference with the Administrator, he confirmed that the MAR's for residents R #'s 1-3 lacked the required vital information listed above.	{A 035}		
{A 065}	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 A Based on record review and interview, the facility	{A 065}	(1) Facility will ensure that Fire Drills are conducted as Required. Facility shifts are 6:30am - 2:30pm, 2:30pm - 7:30pm (M-F) and 7:30pm - 6:30am (M-F). Sat & Sunday (7am-7pm, 7pm-7am shifts). Ongoing the night shift Fire Drills will be within the time frame of the night shift, as it is in the othe shifts. Fire Drill were done on the night shift and going foward will be conducted at a later time than previous.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5280	A. BUILDING: _____ B. WING _____	R-C 11/09/2022

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{A 065}	Continued From page 15 failed to ensure that fire drills were conducted monthly on each eight (8) hour shift (day, evening, night) per quarter. This deficient practice could likely result in the 9 (R #s 1-9) residents identified on the census list, provided by the Administrator on 11/04/22, to be at risk of harm, injury, or death if Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building if a fire were to occur. The findings are: A. Record review of the facility's fire drill records listed below dated 05/07/22 through 11/03/22 revealed that there were not fire drills being conducted on the night shift each quarter. 1. On 05/07/22, the monthly fire drill was recorded at 3:00 pm. 2. On 06/11/22, the monthly fire drill was recorded at 10:00 am. 3. On 07/09/22, the monthly fire drill was recorded at 1:00 pm. 4. On 08/06/22, the monthly fire drill was recorded at 6:00 pm. 5. On 09/10/22, the monthly fire drill was recorded at 3:00 pm. 6. On 10/08/22, the monthly fire drill was recorded at 11:00 am. 7. On 11/03/22, the monthly fire drill was recorded at 6:30 pm. B. On 11/09/22 at 9:00 am, during an exit conference with the Administrator, he confirmed that no fire drills were conducted during night shift from the time frame of 05/07/22 to 11/03/22.	{A 065}	(2) Facility Administrator or designee will ensure that on going Fire Drills are conducted as required. (3) This Process Nowand ongoing will be directed, approved and oversight provided by the Administrator or designee.	